PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/583518

| 3.55.55 | | | | | | | | 110/580010 | | | | | |
|--|--|---|--|-------------------------------|--|------------------|----------|---------------------|------------------------|----|---------------------|-------------------------|--|
| | | CLAIMS | AS FILED - | | | (Column 2) | | SMALL ENT | TITY | OR | OTHER SMALL E | | |
| U.S | S. NATIONAL | STAGE FEES | (Column | 1 1) | , | Column 2) | 1 | RATE | FEE | | RATE | FEE | |
| BASIC FEE | | | SMALL ENT. = \$ 150 | | LARGE ENT. = \$ 300 | | | BASIC FEE | | OR | BASIC FEE | 300 | |
| EXAMINATION FEE | | | Salisfies PCT Article 33(1)- (4) = \$50/\$100 | | All other situations = \$ 100 / \$ 200 | | | EXAM, FEE | | | EXAM. FEE | 200 a | |
| SEARCH FEE | | | U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | | All other situations = \$ 250 / \$ 500 | | | SEARCH FEE | | | SEARCH FEE | 4000 | |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | ./ 50 = | | | X \$ 125 = | | | X \$ 250 = | | |
| TOTAL CHARGEABLE CLAIMS | | | // minus 20 = | | • | | | X \$ 25 = | | OR | X \$ 50 = | | |
| IND | EPENDENT CL | AIMS | 3 minus 3 = | | • | | } | X \$ 100 = | | OR | X \$ 200 = | | |
| MUL | TIPLE DEPEN | DENT CLAIM PR | ESENT | | | | | + \$ 180 = | | OR | + .\$ 360 = | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | . | TOTAL | | OR | TOTAL | you | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL ENTITY OR | | | | OTHER THAN SMALL ENTITY | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | •• | | = | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | 4 | Minus | 444 | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT | | | | CLAIM | | | +\$180= | | OR | + \$ 360 = | | |
| | | | | | | | | TOTAL ADDIT. | | OR | TOTAL ADDIT. | | |
| | | (Column 1) | | (Colur | ma 2) | (Cölumn 3) | | | - | | | | |
| AMENDMENT 8 | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | EST BER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total - | • | Minus | 44 | | = . | | X \$ 25 = | | OR | X \$ 50 = | | |
| | Independent | • | Minus | 444 | | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +\$180= | | OR | + \$ 360 = | | |
| TOTAL AU FEE | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | | |
| | • | | | · | | | | | | | | | |
| • | If the entry in entr | ımn 1 is less than th | e entry in column 1 | wite "0" | in colum | n 3. | | • | | | | | |
| | WALL BUT THE COM | mint to room wall ur | | M 41170 V | a then M | 01 aniae *20* | | | | | | | |

^{**} If the "Highest Number Previously Pald For" IN THIS SPACE is less than '20', enter "20".

^{***} If the "Highest Number Previously Pald For" IN THIS SPACE is less than "J", enter "J".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.